

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** DME Providers  
Pharmacists  
Managed Care Plans

**Memorandum No: 05-11 MAA**  
**Issued:** March 16, 2005

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**For information call:**  
1-800-562-6188

**Subject: Wheelchairs, Durable Medical Equipment (DME), and Supplies: April Fee  
Schedule Changes and New Hospital Bed Form**

**Effective for dates of service on and after April 1, 2005**, the Medical Assistance Administration (MAA) has updated the Wheelchair fee schedule and the “Other DME” fee schedule in MAA’s current *Wheelchairs, Durable Medical Equipment (DME), and Supplies Billing Instructions*. **Effective for dates of service on and after June 1, 2005**, MAA is requiring providers to use a Hospital Bed Evaluation Form, DSHS 13-747, when requesting the rental or purchase of a hospital bed.

### **April Fee Schedule Changes**

**Effective for dates of service on and after April 1, 2005**, MAA has revised the Wheelchair fee schedule and the “Other DME” fee schedule in MAA’s current *Wheelchairs, Durable Medical Equipment (DME), and Supplies Billing Instructions*. MAA’s revisions are the result of the annual review of reimbursement rates and are noted on the attached replacement pages.

### **Hospital Bed Evaluation Form**

Effective for dates of service on and after June 1, 2005, MAA is requiring providers to use the new Hospital Bed Evaluation form, DSHS 13-747 when providers request a rental or purchase of a hospital bed. To download this form, visit: <http://www1.dshs.wa.gov/msa/forms/eforms.html>  
To have a paper copy sent to you, contact DSHS Forms and Records Management Service:  
Phone: (360) 664-6047, or Fax: (360) 664-6186. Be sure to include in your request the form number and name, the quantity you want, your name, your office/organization name, your complete mailing address.

### **Billing Instructions Replacement Pages**

Attached are replacement pages D.5/D.6, G.7 through G.12, I.1 through I.26, and J.1 through J.28 for MAA’s current *Wheelchairs, Durable Medical Equipment (DME), and Supplies Billing Instructions*, reflecting the changes.

Bill MAA your usual and customary charges.

## Contact Information

### Send rate setting issues, questions, or comments to:

DME Rates Manager  
Office of Professional Rates  
Division of Business and Finance  
PO Box 45510  
Olympia, Washington 98504-5510  
Phone: (360) 725-1845  
Fax: (360) 753-9152  
<http://maa.dshs.wa.gov/prorates/index.html>

## How can I get MAA's provider issuances?

To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Billing Instructions/Numbered Memoranda or Provider Publications/Fee Schedules link).

To request a free paper copy from the Department of Printing:

- **Go to:** <http://www.prt.wa.gov/> (Orders filled daily)  
Click on General Store. Follow prompts to Store Lobby → Search by Agency → Department of Social and Health Services → Medical Assistance Administration → desired issuance; **or**
- **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/  
telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

**Bathroom/Shower Equipment [WAC 388-543-2300]**

- MAA considers a caster-style shower commode chair as the primary option for clients.
- MAA considers a wheelchair-style shower commode chair only if the client meets both of the following:
  - ✓ Is able to propel the equipment; and
  - ✓ Has special positioning needs that cannot be met by a caster-style chair.
- All other circumstances will be considered on a case-by-case basis, based on medical necessity.

**Hospital Beds [WAC 388-543-2400]**

- Beds covered by MAA are limited to hospital beds for rental or purchase. MAA bases the decision to rent or purchase a manual, semi-electric, or full electric hospital bed on the length of time the client needs the bed, as follows:
  - ✓ MAA initially authorizes a maximum of two months rental for a short-term need. Upon request, MAA may allow limitation extensions as medically necessary (see EPA criteria for hospital beds, section G);
  - ✓ MAA determines rental on a month-to-month basis if a client's prognosis is poor;
  - ✓ MAA considers a purchase if the need is for more than six months;
  - ✓ If the client continues to have a medical need for a hospital bed after six months, MAA may approve rental for up to an additional six months. MAA considers the equipment to be purchased after a total of twelve months' rental.
- MAA considers a manual hospital bed the primary option when the client has full-time caregivers.
- Effective for dates of service on and after June 1, 2005, all requests for rental and purchase of hospital beds must include a completed Hospital Bed Evaluation DSHS 13-747.

To **download** DSHS forms, visit: <http://www1.dshs.wa.gov/msa/forms/eforms.html>  
To **have a paper copy sent** to you, contact DSHS Forms and Records Management Service:  
**Phone:** (360) 664-6047      **Fax:** (360) 664-6186  
(Be sure to include in your request the form number and name, the quantity you want, your name, your office/organization name, your complete mailing address).

## Wheelchairs, Durable Medical Equipment, and Supplies

- MAA considers a full electric hospital bed only if the client meets all of the following criteria:
  - ✓ The client's medical need requires the client to be positioned in a way that is not possible in a regular bed;
  - ✓ The position cannot be attained through less costly alternatives (e.g., the use of bedside rails, a trapeze, pillows, bolsters, rolled up towels or blankets);
  - ✓ The client's medical condition requires immediate position changes;
  - ✓ The client is able to operate the controls independently; and
  - ✓ The client needs to be in the Trendelenburg position.
- All other circumstances for hospital beds will be considered on a case-by-case basis, based on medical necessity. (See also EPA criteria in Section G.)

### **What if a service is covered but considered experimental or has restrictions or limitations? [WAC 388-543-1100 (3) and (4)]**

- MAA evaluates a request for a service that is in a covered category, but has been determined to be experimental or investigational as defined by WAC 388-531-0050, under the provisions of WAC 388-501-0165 which relate to medical necessity.
- MAA evaluates a request for a covered service that is subject to limitations or other restrictions and approves such a service beyond those limitations or restrictions when medically necessary, under the standards for covered services in WAC 388-501-0165 (see page G.3 for limitation extensions).

### **How can I request that equipment/supplies be added to the “covered” list in this billing instruction? [WAC 388-543-1100 (7)]**

An interested party may request MAA to include new equipment/supplies in these billing instructions by sending a written request to MAA's DME Program Management Unit (see *Important Contacts* section), plus all of the following:

- Manufacturer's literature;
- Manufacturer's pricing;
- Clinical research/case studies (including FDA approval, if required); and
- Any additional information the requestor feels is important.



## Note (For Rental Manual Wheelchairs):

- 1) If the client's medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) It is the vendors' responsibility to determine whether the client has already used the EPA rental period allowed under EPA criteria or if the client has already established rental through another vendor. The EPA rental is allowed only one time, per client, per 12-month period.
- 3) For extension of authorization beyond the EPA period, the normal prior authorization process is required. At this time, a new authorization number will be assigned.
- 4) Length of need/life expectancy, as determined by the prescribing physician, and medical justification (including **all** of the specified criteria) must be documented in the client's file.
- 5) If the client is hospitalized or is a resident of a nursing facility and is being discharged to a home setting, rental may not start until the date of discharge. Documentation of the date of discharge must be included in the client's file. Rentals for clients in a skilled nursing facility are included in the nursing facility daily rate, and in the hospital they are included in the Diagnoses Related Group (DRG) payment.
- 6) MAA does not rent equipment during the time that a request for similar purchased equipment is being assessed, when authorized equipment is on order, or while the client-owned equipment is being repaired and/or modified. The vendor of service is expected to supply the client with an equivalent loaner.
- 7) You may bill for only one procedure code, per client, per month.
- 8) All accessories are included in the reimbursement of the wheelchair rental code. They may not be billed separately.

## RENTAL/PURCHASE HOSPITAL BEDS

### Procedure Code: E0292 RR & E0310 RR OR E0305 RR

#### 720 Manual Hospital Bed with mattress with or without bed rails

Up to 11 months continuous rental in a 12-month period if **all** of the following criteria are met. The client:

- 1) Has a length of need/life expectancy that is 12 months or less;
- 2) Has a medical condition that requires positioning of the body that cannot be accomplished in a standard bed (reason must be documented in the client's file);
- 3) Has tried pillows, bolsters, and/or rolled up blankets/towels in client's own bed, and determined to not be effective in meeting client's positioning needs (nature of ineffectiveness must be documented in the client's file);
- 4) Has a medical condition that necessitates upper body positioning at no less than a 30-degree angle the majority of time he/she is in the bed;
- 5) Does not have full-time caregivers; and
- 6) Does **not** also have a rental wheelchair.

### Procedure Code: E0294 RR & E0310 RR OR E0305 RR

#### 725 Semi-Electric Hospital Bed with mattress with or without Bed Rails

Up to 11 months continuous rental in a 12-month period if **all** of the following criteria are met. The client:

- 1) Has a length of need/life expectancy that is 12 months or less;
- 2) Has tried pillows, bolsters, and/or rolled up blankets/towels in own bed, and determined ineffective in meeting positioning needs (nature of ineffectiveness must be documented in the client's file);

**Continued on next page.**

## Wheelchairs, Durable Medical Equipment, and Supplies

- 3) Has a chronic or terminal condition such as COPD, CHF, lung cancer or cancer that has metastasized to the lungs, or other pulmonary conditions that cause the need for immediate upper body elevation;
- 4) Must be able to independently and safely operate the bed controls; and
- 5) Does **not** have a rental wheelchair.
- 6) Effective June 1, 2005, you **must** have a completed Hospital Bed Form. (see page D.5)



### Note:

- 1) If the client's medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see the *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) It is the vendors' responsibility to determine whether the client has already used the EPA rental period allowed under EPA criteria or if the client has already established rental through another vendor. The EPA rental is allowed only one time, per client, per 12-month period.
- 3) Length of need/life expectancy, as determined by the prescribing physician, and medical justification (including all of the specified criteria) must be documented in the client's file. Monthly updates from the prescribing physician justifying continued rental, including length of need/life expectancy, must also be included in the client's file.
- 4) Authorization must be requested for the 12th month of rental at which time the equipment will be considered purchased. The authorization number will be pended for the serial number of the equipment. In such cases, the equipment the client has been using must have been new on or after the start of the rental contract or is documented to be in good working condition. A 1-year warranty will take effect as of the date the equipment is considered purchased if equipment is not new. Otherwise, normal manufacturer warranty will be applied.
- 5) If length of need is greater than 12 months, as stated by the prescribing physician, a prior authorization for purchase must be requested either in writing or via the toll-free line.

- 6) If the client is hospitalized or is a resident of a nursing facility and is being discharged to a home setting, rental may not start until the date of discharge. Documentation of the date of discharge must be included in the client's file. Rentals for clients in a skilled nursing facility are included in the nursing facility daily rate, and in the hospital they are included in the DRG payment.
- 7) MAA does not rent equipment during the time that a request for similar purchased equipment is being assessed, when authorized equipment is on order, or while the client-owned equipment is being repaired and/or modified. The vendor of service is expected to supply the client with an equivalent loaner.
- 8) Hospital beds **will not** be provided:
  - a. As furniture;
  - b. To replace a client-owned waterbed;
  - c. For a client who does not own a standard bed with mattress, box spring, and frame; or
  - d. If the client's standard bed is in an area of the home that is currently inaccessible by the client such as an upstairs bedroom.
- 9) Only one type of bed rail is allowed with each rental.
- 10) Mattress may **not** be billed separately.

### Procedure Code: E0294 NU

#### 726 Semi-Electric Hospital Bed with mattress with or without bed rails

Initial purchase if **all** of the following criteria are met. The client:

- 1) Has a length of need/life expectancy that is 12 months or more;
- 2) Has tried positioning devices such as: pillows, bolsters, foam wedges, and/or rolled up blankets/towels in own bed, and been determined ineffective in meeting positioning needs (nature of ineffectiveness must be documented in the client's file);

**Continued on next page.**

## Wheelchairs, Durable Medical Equipment, and Supplies

- 3) Has one of the following diagnosis:
  - a. Quadriplegia;
  - b. Tetraplegia;
  - c. Duchenne's M.D.;
  - d. ALS;
  - e. Ventilator Dependant; or
  - f. COPD or CHF with aspiration risk or shortness of breath that causes the need for an immediate position change of more than 30 degrees.
- 4) Must be able to independently and safely operate the bed controls.

### Documentation Required:

- 1) Life expectancy, in months and/or years.
- 2) Client diagnosis including ICD-9-CM code.
- 3) Date of delivery and serial #.
- 4) Written documentation indicating client has not been previously provided a hospital bed, purchase or rental (i.e. written statement from client or caregiver).
- 5) Effective June 1, 2005, you **must** have a completed Hospital Bed Form. (See page D.5)



### Note:

- 1) If the client's medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see the *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) This EPA criteria is to be used only for an initial purchase per client, per lifetime. It is not to be used for a replacement or if EPA rental has been used within the previous 24 months.
- 3) It is the vendors' responsibility to determine if the client has not been previously provided a hospital bed, either purchase or rental.
- 4) Hospital beds **will not** be covered:
  - a. As furniture;
  - b. To replace a client-owned waterbed;
  - c. For a client who does not own a standard bed with mattress, box spring and frame; or
  - d. If the client's standard bed is in an area of the home that is currently inaccessible by the client such as an upstairs bedroom.

### LOW AIR LOSS THERAPY SYSTEMS

#### Procedure Code: E0371 & E0372 RR

#### 730 Low Air Loss Mattress Overlay

Initial 30-day rental followed by one additional 30-day rental in a 12-month period if **all** of the following criteria are met. The client:

- 1) Is bed-confined 20 hours per day during rental of therapy system;
- 2) Has at least one stage 3 decubitus ulcer on trunk of body;
- 3) Has acceptable turning and repositioning schedule;
- 4) Has timely labs (every 30 days); and
- 5) Has appropriate nutritional program to heal ulcers.

#### Procedure Code: E0186 & E0373 RR

#### 735 Low Air Loss Mattress without bed frame

Initial 30-day rental followed by an additional 30 days rental in a 12-month period if **all** of the following criteria are met. The client:

- 1) Is bed-confined 20 hours per day during rental of therapy system;
- 2) Has multiple stage 3/4 decubitus ulcers or one stage 3/4 with multiple stage 2 decubitus ulcers on trunk of body;
- 3) Has ulcers on more than one turning side;
- 4) Has acceptable turning and repositioning schedule;
- 5) Has timely labs (every 30 days); and
- 6) Has appropriate nutritional program to heal ulcers.

#### 740 Low Air Loss Mattress without bed frame

Initial 30-day rental in a 12-month period upon hospital discharge following a flap surgery.

**Procedure Code: E0194 RR**

**750 Air Fluidized Flotation System including bed frame**

Initial 30-day rental in a 12-month period upon hospital discharge following a flap surgery.

**For All Low Air Loss Therapy Systems**

**Documentation Required:**

- 1) A "Low Air Loss Therapy Systems" form must be completed for each rental segment and signed and dated by nursing staff in facility or client's home (an electronic version can be obtained at <http://www1.dshs.wa.gov/dshsforms/forms/efor.ms.html>).
- 2) A new form must be completed for each rental segment.
- 3) A re-dated prior form will not be accepted.
- 4) A dated picture must accompany each form. (See sample form on pp. G.13 and G.14.)



**Note:**

- 1) If the client's medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see the *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) It is the vendors' responsibility to determine whether the client has already used the EPA rental period allowed under EPA criteria or if the client has already established rental through another vendor. The EPA rental is allowed only one time, per client, per 12-month period.
- 3) For extension of authorization beyond the EPA period, prior authorization must be obtained either by submitting the request in writing or calling the toll-free authorization line. At this time a new authorization number will be assigned.

**NONINVASIVE BONE GROWTH/NERVE STIMULATORS**

**Procedure Code: E0730 RR**

**760 Transcutaneous Electrical Nerve Stimulator (TENS)**

Up to 2 months continuous rental in a 12-month period if **all** of the following criteria are met. The client:

- 1) Demonstrates a condition that is causing chronic intractable pain, defined as pain that is of long duration that has been difficult to manage;
- 2) Has a pain level documented at 6 or greater on a scale of one to 10;
- 3) Has a date of onset at least 6 months ago;
- 4) Has had no surgery within the previous 3 months;
- 5) Is receiving continual pain and/or anti-inflammatory medication;
- 6) Has had at least 5 physical therapy visits during the past 6 months with no perceptible improvement in pain relief or activity level; and
- 7) Has an objective of decreasing/discontinuing medications and increasing level of activity.

**Procedure Code: E0730 NU**

**761 Transcutaneous Electrical Nerve Stimulator (TENS)**

Purchase unit after 2 months of EPA or prior authorized rental if **all** of the following criteria are met. The client:

- 1) Is using the unit 6 or more hours per day or 2 or more hours per day for the Alpha Stim brand;
- 2) Has a pain level documented at 5 or less on a scale of one to 10;
- 3) Has been a reduction in prescription medication use for chronic intractable pain condition; and
- 4) Has an increased activity level.



## Procedure Code: E0747 NU & E0760 NU

### 765 Non-Spinal Bone Growth Stimulator

Allowed **only** for purchase of brands that have pulsed electromagnetic field simulation (PEMF) when one or more of the following criteria is met. The client:

- 1) Has a nonunion of a long bone fracture (which includes clavicle, humerus, phalanges, radius, ulna, femur, tibia, fibula, metacarpal & metatarsal) after 6 months have elapsed since the date of injury without healing; or
- 2) Has a failed fusion of a joint other than in the spine where a minimum of 6 months has elapsed since the last surgery.

## Procedure Code: E0748 NU

### 770 Spinal Bone Growth Stimulator

Allowed for purchase when the prescription is from a neurologist, an orthopedic surgeon, or a neurosurgeon and when one or more of the following criteria is met. The client:

- 1) Has a failed spinal fusion where a minimum of 9 months have elapsed since the last surgery; or
- 2) Is post-op from a multilevel spinal fusion surgery; or
- 3) Is post-op from spinal fusion surgery where there is a history of a previously failed spinal fusion.



#### Note:

- 1) If the client's medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see the *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) It is the vendors' responsibility to determine whether the client has already used the EPA rental period allowed under EPA criteria or if the client has already established rental through another vendor. The EPA rental is allowed only one time, per client, per 12-month period.
- 3) For extension of authorization beyond the EPA period, prior authorization must be obtained either by submitting the request in writing or calling the toll-free authorization line. At this time a new authorization number will be assigned.

## MISCELLANEOUS DURABLE MEDICAL EQUIPMENT

## Procedure Code: E0603 & E0604 RR

### 800 Breast pump, electric

Unit may be rented for the following lengths of time and when the criteria are met. The client:

- 1) Has a maximum of 2 weeks during any 12-month period for engorged breasts;
- 2) Has a maximum of 3 weeks during any 12-month period if the client is on a regimen of antibiotics for a breast infection;
- 3) Has a maximum of 2 months during any 12-month period if the client has a newborn with a cleft palate; or
- 4) Has a maximum of 2 months during any 12-month period if the client meets **all** of the following:
  - a. Has a hospitalized premature newborn;
  - b. Has been discharged from the hospital; and
  - c. Is taking breast milk to hospital to feed newborn.

## Procedure Code: E0935 RR

### 810 Continuous Passive Motion System (CPM)

Up to 10 days rental during any 12-month period, upon hospital discharge, when the client is diagnosed with one of the following:

- 1) Frozen joints;
- 2) Intra-articular tibia plateau fracture;
- 3) Anterior cruciate ligament injury; or
- 4) Total knee replacement.

## Wheelchairs, Durable Medical Equipment, and Supplies

### Procedure Code: E0650 RR

#### 820 Extremity pump

Up to 2 months rental during a 12-month period for treatment of severe edema.

Purchase of the equipment should be requested and rental not allowed when equipment has been determined to be:

- 1) Medically effective;
- 2) Medically necessary; and
- 1) A long-term, permanent need.

### Procedure Code: E1399

#### 755 Prone stander, child size (child up to 48" tall). Includes padding, chest, and foot straps. Purchase of 1 every 5 years per client when the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

### Procedure Code: E1399

#### 756 Prone stander, youth size (child up to 58" tall). Includes padding, chest and foot straps. Purchase of 1 every 5 years per client when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

### Procedure Code: E1399

#### 757 Prone stander, infant size (infant up to 38" tall). Includes padding, chest and foot straps. Purchase of 1 every 5 years per client when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

### Procedure Code: E1399

#### 758 Prone stander, adult size (adult up to 75" tall). Includes padding, chest and foot straps. Limit of 1 per client every 5 years allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

### Procedure Code: E1399

#### 759 Shower, hand-held. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

### Procedure Code: E1399

#### 764 Breast pump kit for electric breast pump. Purchase allowed when all of the following criteria are met:

- 1) When needed for use with an authorized electric breast pump; (either prior authorization or EPA);
- 2) Client is not in a nursing facility.
- 3) Prescribed by a physician.

### Procedure Code: E1399

#### 766 Bath seat without back. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

### Procedure Code: E1399

#### 767 Heavy duty bath chair (for clients over 250lbs.) Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.